

Remarks

Claims 1-3, 6, 7, 9-15, and 17-20 are pending and at issue in this application. Claims 1, 9, 10, 13, and 18 have been amended and claims 8 and 16 have been cancelled herein. Claim 1 has been amended to correct grammar and provide terminology consistent with claims dependent upon claim 1. Claims 9 and 10 have been amended to correct dependency thereof. Support for the amendment to claim 13 may be found in the specification at least at paragraphs [0010]-[0014] and in claim 16 as originally filed. Support for the amendment to claim 18 may be found in the specification at least at paragraph [0075] and FIG. 16. No new matter has been entered by the claim amendments.

Claims 1-3, 13-15, and 17-20 stand rejected as obvious over Palmaz et al. (WO 01/74274) ("Palmaz") in view of Casey, II et al. (US 2004/0019375) ("Casey"), and further in view of Drasler (6,287,335) ("Drasler"). Claims 6, 7, and 9-12 stand rejected as obvious over Palmaz, Casey, and Drasler, and further in view of one of Van Schie (6,974,471), Kula et al. (6,325,825) or Banas et al. (5,749,880). Applicants traverse the rejections of claims 1-3, 6, 7, 9-15, and 17-20 as obvious.

Arguments**Claims 1-3, 13-15, and 17-20 stand rejected as obvious under 35 USC § 103 over Palmaz in view of Casey, and further in view of Drasler.**

The examiner states, "Palmaz in view of Casey lacks suture openings on an end of the graft." (Office action, page 4). Applicants agree. The examiner further states "Drasler teaches the use of such openings (fig. 12A) for the purpose of securing and [sic] end support to the graft." Applicants respectfully disagree.

Drasler states that sutures may be "used to hold the inlet end 145 and outlet end 148 of the straight intravascular folded tubular member 95 in place with a *leak free* seal." (Column 25, lines 21-23, emphasis added). FIG 12A, as well as FIGS. 3, 12B, and 20, each illustrates a variation of an "attachment anchor **245** . . . attached to the distal tubular section **130** at or near the outlet end **148** with securing fibers **255**." (See e.g., Column 25, lines 44-47; Column 25, line 66 – Column 26, line 2; Column 29, lines 29-32; Column 29, lines 43-45; Column 46, lines 6-8; Column 46, lines 40-43; Column 47, lines 1-4). However, Drasler does not disclose or suggest "suturing openings."

No “suturing openings” are visible in any of the above-noted FIGS. Moreover, Drasler discloses that “leakage or seepage” of blood through the vascular tubular member is undesirable, stating that “[t]o *reduce or eliminate small pores* at the crossover points a tubular double weave is preferred when a metal strand is woven. (Column 8, lines 24-26, emphasis added, *See also*, e.g., “provide a leak-tight seal” at Column 9, line 7; “leak-free attachment” at Column 9, line 24; “leak-tight attachment” at Column 9, line 64; etc.).

In fact, Drasler teaches away from “suturing openings” as evidenced by the following:

A woven vascular tubular member 460 formed from polymeric monofilament strands 490 will have small gaps or leakage sites 495 for blood leakage at or near the monofilament strand crossover points 498. The size of the leakage sites 495 is dependent upon the monofilament strand diameter 500 as well as how tightly they are packed. The size of the gaps or leakage sites 495 can be approximately as large as the monofilament strand diameter 500. To prevent blood cellular elements from passing through the leakage sites 495, the gaps *cannot* be significantly larger than the cellular elements found in the blood. With small leakage sites 495, red blood cells and platelets can become trapped and create thrombosis that will prevent leakage from that gap or leakage site. Red blood cells are typically 8 micrometers in the larger diameter of the red blood cell.

(Column 49, lines 16-31, emphasis added).

Therefore, Drasler teaches that suture members may be used with an intravascular tubular member but defines no “suturing openings” through which the sutures could be threaded. This is because Drasler stresses the importance of preventing leaks (of blood cellular elements) through the intravascular tubular member, stating that any gaps in the intravascular tubular member *“cannot be significantly larger than the cellular elements found in the blood.”* Such disclosure teaches away from an implantable medical graft, comprising a plurality of suturing openings disposed through a wall thickness of the body member, as required by independent claims 1, 13, and 18. “It is improper to combine references where the references teach away from their combination.” (MPEP § 2145(X)(D)(2), citing *In re Grasselli*, 713 F.2d 731, 743, 218 USPQ 769, 779 (Fed. Cir. 1983)).

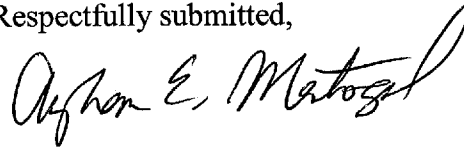
Further, a plurality of suturing openings disposed through a wall thickness of the intravascular tubular member of Drasler would render the intravascular tubular member unsatisfactory for its intended purpose by allowing blood cellular elements to pass through the intravascular tubular member. “If proposed modification would render the prior art invention being modified unsatisfactory for its intended purpose, then there is no suggestion or motivation

to make the proposed modification.” (MPEP § 2143.01(V), citing *In re Gordon*, 733 F.2d 900, 221 USPQ 1125 (Fed. Cir. 1984).

For at least the reasons above, independent claims 1, 13, and 18 cannot be rendered obvious by a combination of Palmaz, Casey, and Drasler. Further, all claims depending from independent claims 1, 13, and 18 are also nonobvious. Applicants respectfully request that the examiner withdraw all rejections of the pending claims and timely issue a notice of allowability therefor.

No fees are believed due with this Response, however, the Director is hereby authorized to charge any under payment of fees, or credit any overpayment to Deposit Account No. 18-2000, of which the undersigned is an authorized signatory.

Respectfully submitted,



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